

PILOT PARTICIPATION REQUEST FORM
IHSS RECIPIENT FINGERPRINT/PHOTOGRAPH

☐ Yes, I am willing to take part in the fingerprint image and photograph pilot project.

You may choose to have the fingerprint image and photograph taken as a part of the pilot project kept to meet the new IHSS program requirement. If you choose not to have the fingerprint image and photograph kept, when the program requirement begins for all IHSS recipients you will be required to have a new fingerprint image and photograph taken at the time of your next assessment.

☐ Keep my fingerprint image and photograph

☐ Do not keep my fingerprint image and photograph. I will have a new set taken at the time of my next assessment.

☐ No, I decline to take part in the fingerprint image and photograph pilot project.

Please sign and date below and return to your Social Worker during your assessment.

Signature Date

Name: _____

Address: _____

Phone: _____

County/Social Worker: _____

CIN #: _____

